

# **EXHIBIT B**

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
5/01/02

<b>ISSUER</b> HRH Company of DC 700 King Farm Blvd., Ste 125 Rockville, MD 20850		301-948-2422	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Eden Park (Wynmor) Village Green Management Co. 30833 Northwestern Hwy., #300 Farmington Hills, MI 48334		<b>COMPANIES AFFORDING COVERAGE</b>	
		COMPANY A Virginia Surety Ins Co	
		COMPANY B Hartford Insurance Co	
		COMPANY C Federal Insurance Co	
		COMPANY D	

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	IPGA7000000120003	12/31/00	12/31/03	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ 250000 EACH OCCURRENCE \$ 250000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXP (Any one person) \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	42UENUA2005	12/31/01	12/31/02	COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
C	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	79781269	12/31/01	12/31/02	EACH OCCURRENCE \$ 40000000 AGGREGATE \$ 40000000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
B	<b>OTHER</b> Employee Dishonesty	42BDDAJ2439	12/31/01	12/31/02	\$1,000,000 Limit \$5,000 Deductible

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Re: Eden Park, 6455 Zane Avenue, Brooklyn Park, MN 55429. Loan #961093225. Certificate Holder is listed as Additional Insured for General Liability only and Mortgagee and Loss Payee ATIMA.

**VSCU/W 007221****CERTIFICATE HOLDER**

GMAC Commercial Mortgage Corp.  
 200 Witmer Rd.  
 Horsham, PA 19044-1687

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Joseph A. Colletta*

## VILLAGE GREEN MANAGEMENT COMPANY


***THIS ATTACHMENT IS PART OF THE CERTIFICATE OF INSURANCE FORM  
FOR THE ABOVE REFERENCED INSURED:***

### **Excess General Liability Coverages**

**National Union Fire Insurance Company of PA  
AM Best Rating A++ FSC XV  
Policy #0151129120003  
12/31/00 to 12/31/03**

**\$2,000,000 General Aggregate  
\$1,000,000 Products Completed Operations Aggregate Limit  
\$1,000,000 Personal & Advertising Injury Limit  
\$1,000,000 Per Occurrence  
\$ 50,000 Fire Damage Limit**

**VSCU/W 007222**

<b>THE ASSOCIATED AGENCIES, INC.</b> CORPORATE INSURANCE  83 BIG OAK RD., P. O. BOX 879 MORRISVILLE, PA 19067-0879 (215) 295-0725 • FAX (215) 295-1780		<b>WEIPRO</b> <b>LIABILITY INSURANCE</b> DATE (MM/DD/YYYY) 04/01/04	
INSURED <b>WP Realty, Inc.</b> <b>Suite 200</b> <b>One Wynnwood Road</b> <b>Wynnwood, PA 19096</b>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		INSURERS AFFORDING COVERAGE INSURER A: <b>Virginia Surety Inc Co</b> INSURER B: <b>Lexington Ins Co</b> INSURER C: <b>Employers Ins of Wausau</b> INSURER D: INSURER E:	NAIC #

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	IPGA700007000901	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B	X	COMMERCIAL GENERAL LIABILITY	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$1,000,000
		POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE \$2,000,000
		AUTOMOBILE LIABILITY				PRODUCTS - COMPIOP AGG \$
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN EA ACC \$
		EXCESS/UMBRELLA LIABILITY				AGG \$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				EACH OCCURRENCE \$
		DEDUCTIBLE				AGGREGATE \$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
A		OTHER	FLCZ91423389033	06/30/03	06/30/04	E.L. DISEASE - POLICY LIMIT \$
		Special Form				\$5,775 replacement cost coverage
		Property Coverage				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: Leased Nobles 2601 Scrubber, SN10167397, valued at \$5,775

All Lines Leasing is included as loss payee and additional insured with respect to this equipment.

## CERTIFICATE HOLDER

Advance Acceptance/All Lines  
Leasing  
600 Highway 169 South  
St. Louis Park, MN 55426

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 03/31/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Denmeri Associates, LP WP Realty, Inc. One Wynnewood Road Wynnewood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Company <i>Gracechuan</i> INSURER B: National Union Fire Ins Co INSURER C: American Guarantee & Liability INSURER D: INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	IPGA70000000700	07/01/01	07/01/02	EACH OCCURRENCE \$1,000,000
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	1073203070009			FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	AUO294139102	07/01/01	07/01/02	EACH OCCURRENCE \$200MM AGGREGATE \$200MM \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Re: Meriden Parkade, 1231 East Main St, Meriden CT

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: AB CANCELLATION

To Whom It May Concern	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Cynthia Kelly Lusk</i>
------------------------	--

ACORD 25-S (7/97)1 of 2 #S41089/M31069

ERL © ACORD CORPORATION 1988

VSCU/W 006963

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/31/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Denmeri Associates, LP WP Realty, Inc. One Wynnewood Road Wynnewood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:
		NAIC #

## COVERAGES

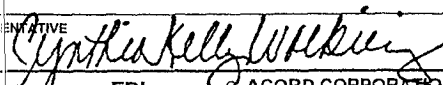
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM AGGREGATE \$200MM \$ \$ \$ WC STATU-TORY LIMITS IOTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

## CERTIFICATE HOLDER

## CANCELLATION

To Whom It May Concern	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
	

ACORD 25 (2001/08) 1 of 2

#S41080/M38547

ERL

ACORD CORPORATION 1988

VSCU/W 006964



WEIPRO

**ACORD™ EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YY)

03/31/04

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		<b>PHONE</b> (A/C, No, Ext): 215 542-0600	<b>COMPANY</b> Employers Insurance Company of Wausau c/o Associated Agencies, Inc. P.O. Box 879 Morrisville, PA 19067	
<b>CODE:</b>		<b>SUB CODE:</b>		
<b>AGENCY</b> <b>CUSTOMER ID #:</b> 20368		<b>LOAN NUMBER</b>		
<b>INSURED</b> WP Realty, Inc. Airport Mall Associates, LLC One Wynnewood Road Wynnewood, PA 19096		<b>POLICY NUMBER</b> FLCZ91423389033		<b>EFFECTIVE DATE</b> 06/30/03
		<b>EXPIRATION DATE</b> 06/30/04	<input type="checkbox"/> <b>CONTINUED UNTIL TERMINATED IF CHECKED</b>	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

**PROPERTY INFORMATION****LOCATION/DESCRIPTION**

Airport Mall; 1129 Union Street , Bangor ME

**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Coverage: Building	10,800,000	\$ 10,000
Coverage: Rents	1,835,000	24 Hour
Coverage: Boiler & Machinery	50,000,000	\$ 10,000
Coverage: Flood - Excluding Zones A & B	10,000,000	\$100,000
Coverage: Earthquake - Excluding CA	10,000,000	\$100,000
Coverage: Ordinance or Law - Demolition & Increased Cost of Construction	2,500,000	\$ 10,000
Mold Cleanup Expense	100,000	10,000

**REMARKS (Including Special Conditions)**

Special Form Property coverage, Replacement Cost, Agreed Value  
 Terrorism Coverage was purchased

**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

**ADDITIONAL INTEREST****NAME AND ADDRESS**

To Whom it May Concern

**MORTGAGEE****LOSS PAYEE****ADDITIONAL INSURED**☒ For Information Only**LOAN #****AUTHORIZED REPRESENTATIVE**


ACORD 27 (3/93)

1 of 1

11/3/7

© ACORD CORPORATION 1993

VSCU/W 006965

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/31/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>
<b>INSURED</b> Airport Mall Associates, LLC WP Realty, Inc. One Wynnwood Road Wynnwood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:
		<b>NAIC #</b>

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM AGGREGATE \$200MM  \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

## CERTIFICATE HOLDER

To Whom It May Concern

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) 1 of 2

#S41078/M38547

ERL

© ACORD CORPORATION 1988

VSCU/W 006966



Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/25/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> **WP Realty, Inc.; Jordan Lane Associates, LLC; Denner Associates, LP; One Wynnewood Road Wynnewood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:
		NAIC #

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B	X	COMMERCIAL GENERAL LIABILITY	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$1,000,000
		POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE \$2,000,000
		AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
		GARAGE LIABILITY				OTHER THAN EA ACC \$
		ANY AUTO				AUTO ONLY: AGG \$
C	X	EXCESS/UMBRELLA LIABILITY	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM
	X	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$200MM
		DEDUCTIBLE				\$
	X	RETENTION \$ 10,000				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

\*\*Yorktowne Plaza Associates, LLC; Cap Center Associates, L.P.; Airport Mall Associates, LLC

Loc# 9 - Jordan Lane Shopping Center; 1380 Berlin Turnpike; ;

(See Attached Descriptions)

## CERTIFICATE HOLDER

IL Partners, L.P.  
c/o Lubert-Adler Management Company, LLC  
1811 Chestnut Street  
Philadelphia, PA 19103

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 25 (2001/08) 1 of 3

#S41042/M38547

© ACORD CORPORATION 1988

VSCU/W 006967

**DESCRIPTIONS (Continued from Page 1)**

Wethersfield, CT

Loc# 1 - Meriden Parkade, 1231 E. Main St.; Meriden, CT

Loc# 23 - Yorktowne Plaza & Village; York & Cranbrook Roads;

Cockeysville, MD

Loc# 15 - Capitol Center, 114 Western Ave.; Augusta, ME

Loc# 17 - Airport Mall, 1129 Union Street; Bangor, ME

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/25/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> WP Realty, Inc.; West Bridgewater Associates, LP One Wynnewood Road Wynnewood, PA 19096		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Virginia Surety Ins Co INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C		EXCESS/UMBRELLA LIABILITY	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM AGGREGATE \$200MM \$ \$ \$ \$
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000  
Loc# 26 - West Bridgewater Plaza; Route 28 & North Main Street;  
West Bridgewater, MA

## CERTIFICATE HOLDER

Lubert-Adler Group, LLC  
c/o Lubert-Adler Management Company, LLC  
1811 Chestnut Street  
Philadelphia, PA 19103

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Synthia Kelly Wolk*  
TMJ

ACORD 25 (2001/08) 1 of 2

#S41045/M38547

ACORD CORPORATION 1988

VSCU/W 006969

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/25/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> WP Realty, Inc.; WP Groton Associates, LP One Wynnewood Road Wynnewood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:
		NAIC #

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B	X	COMMERCIAL GENERAL LIABILITY	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE \$2,000,000
		AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
		ANY AUTO				
		ALL OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
		SCHEDULED AUTOS				BODILY INJURY (Per person) \$
		HIRED AUTOS				BODILY INJURY (Per accident) \$
		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
C		EXCESS/UMBRELLA LIABILITY	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM
	X	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$200MM
		DEDUCTIBLE				\$
	X	RETENTION \$ 10,000				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

 Loc# 22 - Groton Shopping Center; Long Hill Road (Route 1);  
 Groton, CT

## CERTIFICATE HOLDER

 Lubert-Adler Group III, L.P.  
 c/o Lubert-Adler Management Company, LLC  
 1811 Chestnut Street  
 Philadelphia, PA 19103

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



TMJ

© ACORD CORPORATION 1988

ACORD 25 (2001/08) 1 of 2

#S41043/M38547

VSCU/W 006970

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/25/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> WP Realty, Inc. WP Groton Associates, LP One Wynnewood Road Wynnewood, PA 19096		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Virginia Surety Ins Co		
INSURER B: Lexington Ins Co		
INSURER C: American Guarantee & Liab		
INSURER D:		
INSURER E:		

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE	\$1,000,000*
B	X	COMMERCIAL GENERAL LIABILITY	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
C		EXCESS/UMBRELLA LIABILITY	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE	\$200MM
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$200MM
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

Loc# 22 - Groton Shopping Center; Long Hill Road (Route 1);  
Groton, CT**CERTIFICATE HOLDER**

Lubert-Adler Group IV, L.P.  
c/o Lubert-Adler Management Company, LLC  
1811 Chestnut Street  
Philadelphia, PA 19103

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) 1 of 2

#S41044/M38547

ACORD CORPORATION 1988

VSCU/W 006971



Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/25/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b>  WP Realty, Inc.** One Wynnewood Road Wynnewood, PA 19096		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Virginia Surety Ins Co		
INSURER B: Lexington Ins Co		
INSURER C: American Guarantee & Liab		
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B	X	COMMERCIAL GENERAL LIABILITY	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$1,000,000
		POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE \$2,000,000
		AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
		GARAGE LIABILITY				OTHER THAN EA ACC \$
		ANY AUTO				AUTO ONLY: AGG \$
C	X	EXCESS/UMBRELLA LIABILITY	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM
	X	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$200MM
		DEDUCTIBLE				\$
	X	RETENTION \$10,000				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

\*\*Jordan Lane Associates, LLC; Denmeri Associates, LP; West Bridgewater Associates, LP;

Yorktowne Plaza Associates, LLC; Cap Center Associates, L.P.; Airport Mall Associates,

LLC; WP Groton Associates, LP

(See Attached Descriptions)

## CERTIFICATE HOLDER

Weingarten, LLC  
c/o Lubert-Adler Management Company, LLC  
1811 Chestnut Street  
Philadelphia, PA 19103

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Synthia Kelly Lushkin*  
TMJ

ACORD 25 (2001/08) 1 of 3

#S41046/M38547

ACORD CORPORATION 1988

VSCU/W 006972

**DESCRIPTIONS (Continued from Page 1)**

Loc# 9 - Jordan Lane Shopping Center; 1380 Berlin Turnpike; ;  
Wethersfield, CT  
Loc# 1 - Meriden Parkade, 1231 E. Main St.; Meriden, CT  
Loc# 26 - West Bridgewater Plaza; Route 28 & North Main Street;  
West Bridgewater, MA  
Loc# 23 - Yorktowne Plaza & Village; York & Cranbrook Roads;  
Cockeysville, MD  
Loc# 15 - Capitol Center, 114 Western Ave.; Augusta, ME  
Loc# 17 - Airport Mall, 1129 Union Street; Bangor, ME  
Loc# 22 - Groton Shopping Center; Long Hill Road (Route 1);  
Groton, CT

**Gracechurch Associates, Inc.**

P.O. Box 879

Morrisville, PA 19067-0879

Phone : 215-295-0725 Fax : 215-295-1780

**M E M O**

Page 1

ACCOUNT NO.

WPREA-2

OF

PJ

DATE

03/29/04

**POLICY INFORMATION**

POLICY#

IPGA7000000070009

TYPE

GLIA

EFFECTIVE

07/01/02

EXPIRATION

07/01/03

**AON Service Center**

9921 Dupont Cir Dr W, Ste 300

Fort Wayne, IN 46825-1606

CUSTOMER: W.P. Realty, Inc.

Sheri Brugh

Re: Certificate

Attached please find certificate of insurance issued for above insured.

Sincerely,


  
Kathleen Lawler

VSCU/W 006974

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 10/16/03
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> S Plaza Associates, LP WP Realty, Inc. One Wynnewood Road Wynnewood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co <i>Enclosed</i> INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM AGGREGATE \$200MM \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

This certificate cancels and supercedes the certificate issued 11/1/03

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

Loc# 5 - Stewart Plaza 650 Stewart Avenue; Garden City, NY

Certificate holder is included as additional insured as their interests appear in  
Stewart Plaza 650 Stewart Avenue; Garden City NY

## CERTIFICATE HOLDER

GMACCM, As Servicer for LA Salle  
National Bank, Trustee for  
Commercial Mortgage Passthrough  
Cert Series SASCO-98-C1  
c/o GMACCM ISAOA  
PO BOX 1687, Horsham PA 19044

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Synthia Kelly Wilkins*

ACORD 25 (2001/08) 1 of 2

#S39840/M38547

ERL

© ACORD CORPORATION 1988

VSCU/W 006975

Client#: 20368

WEIPRO

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
07/14/03

## PRODUCER

Cohen-Seltzer, Inc.  
520 Pennsylvania Avenue  
P.O. Box 7525  
Fort Washington, PA 19034

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURED

Jordan Lane Associates, LLC  
WP Realty, Inc.  
One Wynnewood Road  
Wynnewood, PA 19096

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Virginia Surety Ins Co *Associated*

INSURER B: Lexington Ins Co

INSURER C: American Guarantee &amp; Liab

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE	\$1,000,000*
B	X	COMMERCIAL GENERAL LIABILITY	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
C		EXCESS/UMBRELLA LIABILITY	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE	\$200MM
	X	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$200MM
		DEDUCTIBLE					\$
	X	RETENTION \$ 10,000					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

Wachovia Bank, NA as Master Servicer on behalf of Wells Fargo Bank, Minnesota, NA as Trustee for the benefit of Certificate Holders of Commercial Mortgage Pass-Through Certificates Series FUNB2001-C4, is included as additional insured with respect to 1380 Berlin Turnpike, Wethersfield, CT

## CERTIFICATE HOLDER

Wachovia Bank, NA, as Master  
Servicer of behalf of Wells  
Fargo Bank Minnesota NA  
c/o Wachovia Securities  
PO Box 563956  
Charlotte, NC 28256-3956

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

ACORD 25 (2001/08) 1 of 2

#S38835/M38547

TMJ

© ACORD CORPORATION 1988

VSCU/W 006976



Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/11/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Lake Shore Plaza, LLC WP Realty, Inc. One Wynnewood Road Wynnewood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:
		NAIC #

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPI/OP AGG \$1,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM AGGREGATE \$200MM  \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

Certificate holder is an additional insured under liability as their interest may appear with respect to Store #032711 and Lake Shore Plaza

## CERTIFICATE HOLDER

Hollywood Entertainment Corporation  
Attn: Lease Compliance  
Wilsonville, OR 97070

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Synthia Kelly White*

ACORD 25 (2001/08) 1 of 2

#S40850/M38547

ERL

© ACORD CORPORATION 1988

VSCU/W 006977

Client#: 20368

WEIPRO

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/11/04
<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Springfield Hollywood Associates, LP WP Realty, Inc. One Wynnewood Road Wynnewood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co <i>Greenechuck</i> INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE	\$1,000,000*
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AGG	\$
C	EXCESS/UMBRELLA LIABILITY	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE	\$200MM
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000				AGGREGATE	\$200MM
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

Certificate holder is an additional insured under liability as their interest may appear with respect to Store # 021103 Springfield Plaza, Springfield, Mass.

## CERTIFICATE HOLDER

Hollywood Entertainment Corporation  
 Attn: Lease Compliance  
 Wilsonville, OR 97070

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Cynthia Kelly Wiles*  
 ERL

ACORD 25 (2001/08) 1 of 2

#S40851/M38547

© ACORD CORPORATION 1988

VSCU/W 006978

Client#: 20368

WEIPRO

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
01/16/2004

<b>PRODUCER</b> Cohen-Seltzer, Inc. 520 Pennsylvania Avenue P.O. Box 7525 Fort Washington, PA 19034		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> SBrook Associates, LP WP Realty, Inc. One Wynnwood Road Wynnwood, PA 19096		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins Co INSURER B: Lexington Ins Co INSURER C: American Guarantee & Liab INSURER D: INSURER E:	<b>NAIC #</b>

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	IPGA70000000700090	07/01/03	07/01/04	EACH OCCURRENCE \$1,000,000*
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input checked="" type="checkbox"/> LOC	0155730EXCESS	07/01/03	07/01/04	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS  AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	AUC359917304	07/01/03	07/01/04	EACH OCCURRENCE \$200MM AGGREGATE \$200MM     WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*Virginia Surety first \$250,000/Lexington next \$750,000

Certificate holder is included as Additional Insured as respects

Stonybrook Apts., Deptford, NJ and Villager Apts., Marlton, NJ

Loc# 2 - Stonybrook Apartments, 801 Cooper Street; Deptford, NJ

**CERTIFICATE HOLDER**

Fannie Mae &/or Its Asssigns c/o  
M&T Realty Capital Corporation  
ATIMA  
25 South Charles Street  
Mail Code 101617  
Baltimore, MD 21201

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) 1 of 2

#S40346/M38547

*[Signature]*  
ACORD CORPORATION 1988

VSCU/W 006979

Client#: 5073

2VILLGRE

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 12/30/02
<b>PRODUCER</b> Hilb, Rogal & Hamilton Company of Metropolitan Washington 800 King Farm Blvd, # 200 Rockville, MD 20850		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Village Green Mgmt Co. etal Attn: John Bone, Risk Mgr. 30833 Northwestern HWY. #300 FarmingtonHills, MI 48334		
		<b>INSURERS AFFORDING COVERAGE</b>
		INSURER A: Virginia Surety Ins. Co.
		INSURER B: Hartford Insurance Co.
		INSURER C: Federal Insurance Co.
		INSURER D:
		INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IPGA701200L3 See Attached For Excess GL Coverages	12/31/02	12/31/03	EACH OCCURRENCE \$250,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$250,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	563742UENUA2005	12/31/02	12/31/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
C	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	79781269	12/31/02	12/31/03	EACH OCCURRENCE \$40,000,000 AGGREGATE \$40,000,000 \$ \$ \$ WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>OTHER Employee Dishonesty</b>	42BDDAJ2439	12/31/02	12/31/03	\$1,000,000 Limit \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Re: Village Green of Ann Arbor, 459 Village Green Drive, Ann Arbor, MI 48105. Cert Holder is listed as Additional Insured for Gen Liab only & Mortgagee & Loss Payee ATIMA. Loan #002038611. Additional Named Insured: Village Green of Ann Arbor.

VSCU/W 006767

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Columbia Nat'l RE Fin., LLC, Its Successors and Assigns P.O. Box 3050, Mail Drop D1-02 Columbia, MD 21045		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Joseph A. Colletta</i>

## **VILLAGE GREEN MANAGEMENT COMPANY**

***THIS ATTACHMENT IS PART OF THE CERTIFICATE OF INSURANCE FORM  
FOR THE ABOVE REFERENCED INSURED:***

### **Excess General Liability Coverages**

**National Union Fire Insurance Company of PA  
AM Best Rating A++ FSC XV  
Policy #0151129120003  
12/31/00 to 12/31/03**

**\$1,000,000 Per Occurrence  
\$2,000,000 General Aggregate**

**VSCU/W 006768**



### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**VSCU/W 006769**

Client#: 5073

2VILLGRE

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 12/30/02
<b>PRODUCER</b> Hilb, Rogal & Hamilton Company of Metropolitan Washington 800 King Farm Blvd, # 200 Rockville, MD 20850		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> Village Green Mgmt Co. etal Attn: John Bone, Risk Mgr. 30833 Northwestern HWY. #300 FarmingtonHills, MI 48334		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Virginia Surety Ins. Co. INSURER B: Hartford Insurance Co. INSURER C: Federal Insurance Co. INSURER D: INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IPGA701200L3 See Attached For Excess GL Coverages	12/31/02	12/31/03	EACH OCCURRENCE \$250,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$250,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	563742UENUA2005	12/31/02	12/31/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	79781269	12/31/02	12/31/03	EACH OCCURRENCE \$40,000,000 AGGREGATE \$40,000,000 \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>OTHER Employee Dishonesty</b>	42BDDAJ2439	12/31/02	12/31/03	\$1,000,000 Limit \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Re: Village Park of Auburn Hills, 1291 Circle Drive, Pontiac, MI 48340 Cert. Holder is listed as Additional Insured for Gen'l Liability only Loss Payee for loss of rents and Mortgagee ATIMA. Loan #87862 Additional Named Insured: Village Park of Auburn Hills. \*\*\*\*See attached for Mortgagee Clause\*\*\*\*

VSCU/W 006770

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Monumental Life Insurance Co. c/o AEGON USA Realty Advisors 4333 Edgewood Road, NE Cedar Rapids, IA 52499		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Joseph A. Collette</i>

## **VILLAGE GREEN MANAGEMENT COMPANY**

***THIS ATTACHMENT IS PART OF THE CERTIFICATE OF INSURANCE FORM  
FOR THE ABOVE REFERENCED INSURED:***

### **Excess General Liability Coverages**

**National Union Fire Insurance Company of PA  
AM Best Rating A++ FSC XV  
Policy #0151129120003  
12/31/00 to 12/31/03**

**\$1,000,000 Per Occurrence  
\$2,000,000 General Aggregate**

**VSCU/W 006771**

Mortgagee Clause for Village Park of Auburn Hills

Monumental Life Insurance Company  
a Maryland Corporation & Its Successors, Assigns & Affiliates, ATIMA  
c/o AEGON USA Realty Advisors, Inc.  
Mortgage Loan Dept.  
4333 Edgewood Road, NE  
Cedar Rapids, IA 52499-5443

VSCU/W 006772

### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

VSCU/W 006773



Client#: 5073

2VILLGRE

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 12/30/02
<b>PRODUCER</b> Hilb, Rogal & Hamilton Company of Metropolitan Washington 800 King Farm Blvd, # 200 Rockville, MD 20850		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  <b>INSURERS AFFORDING COVERAGE</b>
<b>INSURED</b> Village Green Mgmt Co. etal Attn: John Bone, Risk Mgr. 30833 Northwestern HWY. #300 FarmingtonHills, MI 48334		
		INSURER A: Virginia Surety Ins. Co.
		INSURER B: Hartford Insurance Co.
		INSURER C: Federal Insurance Co.
		INSURER D:
		INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IPGA701200L3 See Attached For Excess GL Coverages	12/31/02	12/31/03	EACH OCCURRENCE \$250,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$250,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	563742UENUA2005	12/31/02	12/31/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				
C	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	79781269	12/31/02	12/31/03	EACH OCCURRENCE \$40,000,000 AGGREGATE \$40,000,000 \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>OTHER Employee Dishonesty</b>	42BDDAJ2439	12/31/02	12/31/03	\$1,000,000 Limit \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Re: Village Green of Beachwood (BEE), 26500 Amhearst, Beachwood, OH 44122. Certificate Holders is listed as Additional Insured for General Liab only & Mortgagee & Loss Payee ATIMA. Loan #6103457 Additional Named Insured: Village Green of Beachwood.

VSCU/W 006774

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Prudential Ins. Co. of America Mort. Loan Ins. & Tax Div. P.O. Box 10082 Van Nuys, CA 91410		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Joseph A. Collette</i>

## VILLAGE GREEN MANAGEMENT COMPANY

***THIS ATTACHMENT IS PART OF THE CERTIFICATE OF INSURANCE FORM  
FOR THE ABOVE REFERENCED INSURED:***

**Excess General Liability Coverages**

**National Union Fire Insurance Company of PA  
AM Best Rating A++ FSC XV  
Policy #0151129120003  
12/31/00 to 12/31/03**

**\$1,000,000 Per Occurrence  
\$2,000,000 General Aggregate**

**VSCU/W 006775**

### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**VSCU/W 006776**